

2008

SC Department of Natural Resources  
Landscape Architect Registration Program  
1000 Assembly Street, P.O. Box 167  
Columbia, SC 29202  
(803) 734-9131 FAX (803) 734-4086



**SECOND NOTICE - \$140.00 DUE**  
**ANNUAL QUALIFICATION STATEMENT**  
**CERTIFICATE OF AUTHORIZATION RENEWAL FORM**

Act 444 of 1988, Section 33-19-600, SC Code of Laws, requires the filing of an Annual Qualification Statement with the licensing authority with jurisdiction over that professional service. This Annual Qualification Statement must be filed each year by all firms renewing their Certificate of Authorization.

- **Please remit \$120.00** and return your completed renewal form to the above address no later than **January 31, 2008**, in order to ensure timely renewal of your Certificate of Authorization.
- **MAKE ALL CHECKS PAYABLE TO: SCDNR**
- **A \$20.00 LATE CHARGE** will be added to certificate renewals postmarked after January 31, 2008.
- **A \$25.00 SERVICE CHARGE** will be assessed for all checks dishonored by financial institutions.

Certificate Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Firm Address: \_\_\_\_\_ FAX No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Headquarters is located in City: \_\_\_\_\_ State: \_\_\_\_\_

E-Mail Address for Firm: \_\_\_\_\_

Responsible SC Landscape Architect: \_\_\_\_\_

SC License # \_\_\_\_\_ Office held in firm: \_\_\_\_\_

\_\_\_\_\_ **I do not wish to renew this firm's Certificate of Authorization for 2008.**

LIST BELOW NAMES AND ADDRESSES OF ALL OFFICERS OF THE CORPORATION, PARTNERS OF THE PARTNERSHIP, AND ALL REGISTERED LANDSCAPE ARCHITECTS IN RESPONSIBLE CHARGE. FOR LANDSCAPE ARCHITECTS, PLEASE SHOW REGISTRATION NUMBER AND STATE REGISTERED IN.

Read carefully, SC Code of Laws, Section 40-28-160, which specifies requirements for obtaining a Certificate of Authorization for corporations and partnerships offering landscape architectural services in the State of South Carolina.

NAME & LICENSE NUMBER	ADDRESS	TITLE/OCCUPATION

Additional names should be listed on a separate sheet and attached to this application

## AFFIDAVIT AND NOTARIZATION

I hereby certify that I have familiarized myself with the provision of the SC Landscape Architect Registration Law, SC Code of Laws of 1976, as amended, to regulate the licensing and practice of landscape architecture and to provide penalties for violations, and do hereby subscribe to and agree to abide by the provisions therein, and related to Rules and Regulations promulgated by the Department.

\_\_\_\_\_  
South Carolina Registered Landscape Architect

\_\_\_\_\_  
Firm's Senior Executive Officer ,if other than Landscape Architect

The above signed, being duly sworn on oath deposes and says that he/she is the person making the foregoing statements and that they are made in good faith and true in every respect to the best of the signer's knowledge.

GIVEN UNDER MY HAND AND NOTARIAL SEAL, I \_\_\_\_\_

a Notary Public in and for the County of \_\_\_\_\_ in the state of \_\_\_\_\_

\_\_\_\_\_ DO HEREBY CERTIFY that \_\_\_\_\_

and \_\_\_\_\_ is/are personally known to me to be the same

person(s) whose name is/are subscribed to the foregoing instrument, appeared before me this \_\_\_\_\_th

day of \_\_\_\_\_, 20\_\_\_\_\_ and acknowledged that he/they signed,

sealed and delivered the same instrument as his/their free and voluntary act, for the used and purposes therein set forth.

NOTARY PUBLIC: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARY SEAL